



## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time, in writing, in accordance with the Cancellation Policy stated below.

### Credit Card Information

Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express

Cardholder Name: \_\_\_\_\_  
(as shown on card)

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CVV: \_\_\_\_\_  
(MM / YY) (3 Digits)

Cardholder \_\_\_\_\_  
Postal Code: \_\_\_\_\_

I, \_\_\_\_\_, authorize the Door of Hope Counselling Clinic, Inc. to charge my credit card the amount of \$\_\_\_\_\_ for \_\_\_\_\_ number of sessions for a total of \$\_\_\_\_\_.

\_\_\_\_\_  
(Customer Signature) (Date)

### Cancellation Policy

A cancellation for any of the Door of Hope Counselling Clinic promotional packages must be made in written form, i.e., email. If the cancellation request is received 24 hours **BEFORE** the 1st session there will be a 100% refund. If the cancellation request is received within 48 hours **AFTER** the 1st session, the Door of Hope Counselling Clinic will retain the full regular amount for that session. If the cancellation request is received **AFTER** the 2nd session onward, there will be no refund of the remaining amount paid. The remaining unused amount can be transferred to another person who could utilize these remaining counselling sessions.